

Return this application to:

State Board of Hairdressers & Cosmetologists
111 St. James Court, Suite A, Frankfort, Kentucky 40601

**ATTACH 2 x 2 HEADSHOT
PHOTOGRAPH
HERE
PHOTO QUALITY ONLY!!
NO PAPER COPIES
ACCEPTED!**

Date photo was taken: _____

Threading License Application

**NO REFUND OF EXAMINATION FEE
APPLICANT MUST SIGN FULL NAME, USE NO INITIALS
PLEASE FILL IN ALL BLANKS BELOW**

License fee of Twenty Five (\$25.00) must accompany this application. Payment must be made in the form of a Money Order, Cashiers Check or Cash (Correct Change Only). No personal or business checks will be accepted.

NOTE – The applicant is required to provide the following information; make no changes on the printed form; write distinctly with ink. Give full name; use no initials.

1. Full Name _____
(First) (Middle) (Maiden) (Last)

2. Current Address _____
(Street Address) (City, State, Zip Code)

3. Social Security #: _____ - _____ Date of Birth: _____ Male ____ Female ____

****Applicant must provide two contact numbers. ****

4. Phone # (_____) _____ - _____ Alternate Phone# (_____) _____ - _____

5. Name and Address of shop in which Threading will be serviced: _____

Signature of Salon Owner _____ Salon License #: _____

Salon Telephone #: (_____) _____ - _____

6. Have you been convicted of a felony that has not previously been reported to the board office? ☐ Yes ☐ No
If you answered yes, documentation of felony must be attached to this application for review by the Board.

Signature of Applicant _____ Date _____

You must have this application notarized by a Notary Public.

STATE OF _____ COUNTY OF _____

Before me personally appeared _____
Whose signature and photograph are affixed to this application, and made oath and says that all the foregoing statements are true and correct.

Subscribed and sworn before me this _____ day of _____

Notary Public, in and for _____ County, State of _____

NOTARY PUBLIC

Commission Expires _____

ADA POLICY STATEMENT: The Kentucky Board of Hairdressers and Cosmetologists will provide reasonable accommodations in the administering of all licensure examinations for individuals with disabilities who have met the qualifications for examination. The qualified individual with a disability shall submit, to the Board, documentation from an appropriate professional verifying his/her disability.